



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY  
Underground Storage Tank Program

HEATING OIL TANK SERVICES  
SERVICE PROVIDER REPORT CERTIFICATION

INITIAL HEATING OIL CLEANUP REPORT FORM

If required by OAR 340-177-0055(5), complete this INITIAL report and submit it to the DEQ NWR office **as soon as possible**, but at least within 45 days from the date the release from a heating oil tank is confirmed.

Property Owner Name: \_\_\_\_\_ DEQ Cleanup File No.: \_\_\_\_\_

Property Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_ Date the release was originally suspected (e.g. water in tank) or confirmed (sight, smell, test).

\_\_\_\_\_ Date the release was reported to DEQ. Name of DEQ person contacted: \_\_\_\_\_

*Note: Releases must be reported within 72-hours by owner or service provider.*

Check ☒ One

\_\_\_\_ Yes \_\_\_\_ No A visual inspection of the release has been made and immediate actions taken to prevent any further release or migration of heating oil into surrounding soils or groundwater.

\_\_\_\_ Yes \_\_\_\_ No Any fire, explosion, and/or vapor hazards in soil or groundwater have been identified and mitigated.  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA Monitoring for hazards has continued beyond initial identification.

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ NA As much heating oil/sludge as possible has been removed from the tank.

Gallons removed: \_\_\_\_\_

Name of oil \_\_\_\_ **recycling** or \_\_\_\_ **disposal** company (check ☒ one):

Provide Name Here: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Hazards posed by contaminated soil that has been excavated or exposed have been remedied.

*Note: Contaminated soil cannot be stored on-site for more than 30 days without a permit from DEQ.*

\_\_\_\_ Yes \_\_\_\_ No Free product has been observed in the \_\_\_\_ **tank pit** and/or \_\_\_\_ **groundwater** (check ☒ any that apply).

*Note: Any free product observed must be removed and properly treated/disposed.*

\_\_\_\_ Yes \_\_\_\_ No Groundwater has been encountered during tank decommissioning or cleanup actions taken to-date.

*Note: DEQ must be notified immediately when groundwater is encountered at any time.*

\_\_\_\_ Yes \_\_\_\_ No Measurements for the presence of a release where contamination is most likely to be encountered have been made at the time of this report. If yes, note highest TPH sample result: \_\_\_\_\_ mg/kg TPH-Dx.

\_\_\_\_ Yes \_\_\_\_ No Cleanup actions have been initiated at the time of this report. If no, include proposed schedule for cleanup and state reason for delayed cleanup on back of this form: Proposed cleanup date (mo/yr) \_\_\_\_\_

"By my signature below, I state that the information contained in this report is true and complete to the best of my knowledge."

Name of person preparing report (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Licensed Heating Oil Tank Service Provider Company: \_\_\_\_\_

Company License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_